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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/581332** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1		1					51			
2				1				52			
3					1			53			
4					1			54			
5					1			55			
6					1			56			
7					1			57			
8						1		58			
9								59			
10								60			
11								61			
12								62			
13								63			
14								64			
15								65			
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39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.			1					TOTAL IND.			
TOTAL DEP.				7				TOTAL DEP.			
TOTAL CLAIMS	SEARCHED	INDEXED	8	SEARCHED	INDEXED	SEARCHED		TOTAL CLAIMS	SEARCHED	INDEXED	SEARCHED